

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2105

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz.</u> B. COUNTY <u>Gila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <u>Globe</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>5 yr.</u> <u>6 1/2</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>922 N. Broad</u>	
3. NAME OF DECEASED A. (FIRST) <u>Joseph</u> B. (MIDDLE) <u>Ray</u> C. (LAST) <u>Hinton</u>		4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>	
6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>July</u> DAY <u>4</u> YEAR <u>1890</u> YEARS <u>69</u> MONTHS <u>09</u> DAYS <u>17</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Call</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	
14A. FATHER'S NAME <u>Jack Hinton</u>		15A. MOTHER'S MAIDEN NAME <u>Nancy Smith</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
16. INFORMANT'S SIGNATURE <u>Paul Dexter Hallman</u>		17. DATE OF DEATH (MONTH) <u>April</u> (DAY) <u>21</u> (YEAR) <u>1951</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>Arterio-sclerosis</u> ING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>4-1</u> , 19 <u>51</u> TO <u>4-21</u> , 19 <u>51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>4-21</u> , 19 <u>51</u> . AND THAT DEATH OCCURRED AT <u>2:45</u> P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <u>Alexander J. Bosse, M.D.</u>		23B. ADDRESS <u>Globe</u>	
23C. DATE SIGNED <u>4-23-51</u>			
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>April 24, 1951</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>St. Thomas</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>St. Thomas - Ariz.</u>	
25A. DATE REC'D BY LOCAL REG. <u>4-27-51</u>		25B. REGISTRAR'S SIGNATURE <u>Drene Wauslee</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Mc...</u>		27. EMBALMER'S SIGNATURE <u>Wm. H. Mc...</u>	
28. CERT. NO. <u>244</u>			

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